Bar-Ilan University
אוניברסיטת בר-אילן

Ref: #21

בקשה להעסקת\הארכת העסקה עובד לפי היקף משרה ע"ח תקציב מחקר

Request to Employ/Extend Employment of Employee for Position on Research Budget

1. Project Details (to be filled out by direct superior)   Department must authorize employment of all employees

Project Manager Name:	Department:	Budget Section:
Project Name in Hebrew	E-mail of Project Manager	

2. Project Manager is required to fill out the Employment Details

Position is academic/administration (please specify)	Position	Net sum per month (includes Convalescence Pay)	# Weekly Hours
Period of employment: Card signed in presence of: Yes/No	Until date:	Began working in University on:	
Should the employee be added to: Pension fund: Yes/ No Study Fund: Yes/No			

It is the employee's responsibility to approach the Salary Unit to arrange allocations to pension and study funds.*

3. Personal Details (to be filled out by Employee)

Last name in Hebrew and English	First name in Hebrew and English	I.D./Passport #
Address (include Zip Code)	Telephone	Date of Birth
Marital Status	# of Children	E-mail
Student at Bar-Ilan Yes/No	Academic/Professional Degree (attach degrees)	
Name of Institution where degree was conferred	Year conferred	

4.

Prior employment, including Bar-Ilan, excluding work during academic career	# of years (please attach authorization)
1.	
2.	
3.	

5. Details of prior employment, including University (during period of work on Project)

Requests to employ someone from the Administration/Academic Sector in the University requires an attached authorization for additional employment from the certified party.

I am / not employed in another workplace in the capacity of:	Capacity
Name of employer:	

Masters Degree Studies
Tel : 972 3 531 8404 ⬧Fax: 972 3 635 3277   research@mail.biu.ac.il ⬧ www.biu.ac.il/toar2
Bar-Ilan University (RA), Ramat Gan 5290002, Israel • **www.biu.ac.il** •

6. **Relatives employed in the University** – **Yes/ No**

Name of relative	Relation	Department	Position

Worker's Declaration:

I hereby affirm the veracity of all the above information and that I have read and signed the general conditions for employing a research worker in the University, preserving the nature of the Institution, patents and confidentiality.

Attached: Form 101 + form for Travel Allocation

Employee Signature: _____ Project Manager's Signature: _____

Date: _____   Date: _____

Formal Approval of Research Authority Accountant's Office/University's Accountant

Net Salary: _____   Convalescence Pay: _____

Travel: _____   Car expenses: _____   Additional Payments:_____
Total Payments:_____

Request for employment corresponds to conditions of use of budget.

_____   _____   _____
Date   Accountant's Name   Signature
**   Research Authority**

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